

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6002059	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 08/10/2021
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NAME OF PROVIDER OR SUPPLIER  APERION CARE OAK LAWN	STREET ADDRESS, CITY, STATE, ZIP CODE 9401 SOUTH RIDGELAND AVENUE OAK LAWN, IL 60453
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S 000	Initial Comments  Complaint Investigation: 2194488/IL135381	S 000		
S9999	Final Observations  Statement of Licensure Violations:  300.610 a) 300.3220 f)  Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.  Section 300.3220 Medical Care f) All medical treatment and procedures shall be administered as ordered by a physician. All new physician orders shall be reviewed by the facility's director of nursing or charge nurse designee within 24 hours after such orders have been issued to assure facility compliance with such orders.  This REQUIREMENT is not met as evidenced by:  Based on interviews and record reviews, the	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>facility failed to report abnormal laboratory results to attending physician. This failure resulted in R1 having an acute respiratory change of condition with an oxygen saturation of 73% while wearing a non-rebreather mask. R1 was sent out to the local hospital after calling 911. R1 was admitted to the MICU with a diagnosis of pneumonia, suspected septic and likely cardiogenic shock. R1 expired later that day with cardiogenic shock and septic shock documented as a cause of death</p> <p>Findings Include:</p> <p>R1 admitted in the facility on 2/18/21 with diagnoses of, but not limited to Acute Respiratory Failure, Aneurysm of heart, COPD (Chronic Obstructive Pulmonary Disease), Hypertensive Heart Disease, Acute Kidney Failure, Primary Hypertension, and Adult Failure to Thrive.</p> <p>Facility record reviewed and R1 had an order for STAT lab test (quick turnaround time, STAT blood test is usually ordered when the result is needed quickly for a decision regarding patent management) on 6/20/21. Labs were as follow: BMP (Basic Metabolic Panel, test that provides information about the body's energy use, which is known as metabolism), BNP (Brain Natriuretic Peptide, test that measures levels of a protein called BNP that is heart made by heart and blood vessels. The test is an important tool for healthcare providers to diagnose heart failure quickly), EGFR (Estimated Glomerular Filtration Rate, test to measure level of kidney function), and CBC (Complete Blood Count, test used to evaluate overall health).</p> <p>Laboratory use by the facility provided documentation that they tried to reach the facility multiple times to report the blood test result and</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>there were no answers. Laboratory documentation reads in part: Specimen collected at 6/20/21 at 21:53. Called facility multiple times, no response at 3:35am, 3:57am, 4:07am (6/21/21), result faxed to facility at 4:15am. Facility called at 10:55am (6/21/21), no answer.</p> <p>Progress Notes of R1's for June 2021 reviewed, R1's chart does not have any documentation that any nursing staff relayed result of this STAT blood test to R1's physician or nurse practitioner.</p> <p>STAT blood test (done on 6/20/21) result are as follow: BNP: 56,516.0 (normal range 0.0-1.25 pg/ml) BMP: BUN 63 (normal range 7-20 mg/dL), and Creatinine 2.4 (normal range 0.5-1.4 mg/dL). EGFR: 27.8 (normal range 60.0-999.0 ml/min) CBC: Platelet count 109 (normal range 170-475 K/uL)</p> <p>R1's progress notes also shows another STAT blood draw and chest x-ray ordered on 6/22/21.</p> <p>V13 was the nurse on duty on 6/21/21. On 8/5/21 at 11:20am interviewed V13 (Nurse) and stated "No one gave me of any endorsement regarding labs for R1. And I did not see anything in the communication, I always check beginning of my shift the communication. No one called me from the lab during my shift that day. I don't know anything about R1 labs result. If the lab had faxed it, then we will find the fax in the front computer by the south side nurse's station. If the out-going nurse communicated with me about pending lab result, I will follow up with the lab, but I did not receive any endorsement about R1's lab. As soon as we find out that there is an abnormal lab results, we supposed to call the physician right away."</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>On 8/5/21 AT 11:10am, V12 (Nurse) stated "With Lab result, if it is not critically high or critically low, we don't call the physician and we wait for the next day for the NP or the doctor to come and check their lab. We don't report if it is not critically high or low because of the time constraints. With the STAT lab result we call the physician no matter what the lab level result is."</p> <p>On 8/4/21 at 1:30pm, V9 (Nurse Practitioner) stated "My expectation was for the nurses to inform me of lab result of any residents as soon as they see the result. I am expecting them to call me and relay the result for STAT order. Around the clock medication order is scheduled medication and must be given as ordered for frequency. If a chest x-ray suggested follow up with CT-Scan then I would give an order to do follow up with CT, and with R1 diagnosis, I would definitely suggest hospital evaluation, because the lungs are not getting good oxygenation. For BNP with high number of 56,000, the safest place for any resident is in the hospital. Resident would probably need to be on IV Lasix or something. I would send resident immediately to the hospital with that level of BNP and R1's medical condition."</p> <p>R1's progress notes on 6/23/21 at 10:50am shows that R1 had a change in condition, saturating low 73%, placed on non-rebreather mask and on 12 liters of oxygen. R1 continued to have saturation of 73%. Nurse on duty was notified that R1 oxygen saturation dropped at 10:50am, and at 10:51am nurse seen the resident, resident continued to have low oxygen saturation and 911 was called at 10:59am. 911 arrived at 11:05am.</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>R1 was transferred via 911 on 6/23/21 to a local hospital and expired in the hospital on 6/23/21.</p> <p>Hospital record reviewed and reads in part: Chief of complaint, shortness of breath, visit diagnosis in Emergency department was pneumonia due to infectious organism and respiratory distress. R1 presenting from the nursing home for evaluation of hypoxia. Respiratory: hypoxic on arrival, started on a non-rebreathing, difficult to obtain saturation. X-ray shows right sided pneumonia. R1 started to have thick secretions orally and was unable to tolerate. R1 was intubated. BNP elevated, will give gentle fluid bolus. R1 brought to MICU for suspected septic and likely cardiogenic shock.</p> <p>Hospital laboratory results reviewed and noted kidney function not in normal range: BUN 80 (normal range is 6-20 mg/dL) and Creatinine 3.2 (normal range 0.51-0.95 mg/dL).</p> <p>Death certificate record reviewed and reads in part: date of death 6/23/21. Cause of death, Cardiogenic Shock, Septic Shock and Pneumonia.</p> <p>Facility policy for Physician Notification of Laboratory/Radiology/Diagnostic Results with an effective date of 11/28/12 reads in part: To assure physician ordered diagnostic test are performed and to assure test results are reported to the physician so that prompt, appropriate action may be taken if indicated for the resident's care. A nurse is responsible for monitoring the receipt of test result. Test result should be reported to the physician or other practitioner who ordered them. Guidelines for reporting: X-ray or other diagnostic</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>tests reveal suspected findings which may requires immediate intervention including but not limited to pneumonia. Unless another parameter is ordered by physician BUN greater than 60. Licensed nurse is responsible for documenting the notification of result in the clinical record.</p> <p>Facility policy for Physician-Family Notification-Change in Condition with an effective date of 10/1/15 reads in part: To ensure that medical care problems are communicated to the attending physician or authorized designee and family/responsible party in a timely, effective manner. A significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications. A need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment.</p> <p>"A"</p>	S9999		